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1. TITLE OF REPORT (if a fill-in report include Form No.) 2. TYPE X STATISTICAL									
COG Office M Stock Status Report							MARRATIVE		
COG Off	Stock Statu	s Repo	eport			MACHINE-NA.	ME LISTING		
<u> </u>	[]	PERSONNEL		TRAINING		ADMIN.	ADMIN. GENERAL		
3. FUNCTIONAL ARE	A X	LOGISTICS		SECURITY		OTHER (OTHER (specify)		
4. NO. OF COPIES PREPARED		MEDICAL	alelia mandih	FINANCE		7 210 2010			
4. NO. OF COPIES PREPARED 5. FREQUENCY (weekly, monthly, quarterly, etc.) 6. DISTRIBUTION (No. of componer number of copies)									
1 Monthly 1									
7. FORMAT (memora	ndum, form	8. ADP PROCESSING 9. DI				IRECTIVE AUTHORITY REQUIRING REPORT			
computer print	-out, etc)	X YES IF YES GIVE ADP PROCESSING NO.					and an factoring area		
Computer Print-Out NO 215									
10. PREPARING COMPONENT (include lowest level II. FEEDER REPORTS (State total number and identify by Title,									
contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary								necessary.)	
OCS, OL/SD/CD									
			12.	COST FA	CTORS	· · · · · · · · · · · · · · · · · · ·			
A. MANUAL PREPARATION AND REVIEW COSTS									
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TOTAL COSTS PER YEAR									
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOW									
INCLUDE DATE RE	PORT WAS F	IRST STARTED AND	COMPONENT	Addition AHO ESTAB	to directive (or authority ci EMENT.	ted in item 9).	IF KNOWN,	
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This report is used by the medical technician at STAT in the process of management of all stocked medical items.									
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DIL. FUTURE GOALS GOAL PROPOSED BY COMPONENT FOR THIS REPORT ESTIMATED SAVINGS									
X RETAIN AS IS	OTHER (explain)		1.1	AN-HOURS	DOLLARS				
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I DISCONTINUE									
16. DATE OF INVENTORY 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION 18. EXTENSION									
25 Sept 19Approved For Release 2006/09/250:/CIA/RDP/75490/399R900100120135-5									
FORM 142				ssificat	ion	Color Bridge Indoor Street Course Course Co.		Maria Companya a managai	
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